



Contractor Registration Form

101-E Mounts Bay Road, P. O. Box 8784 Williamsburg, VA 23187-8784
PHONE: (757) 253-6626 FAX: (757) 259-4038 E-Mail: codecomp@james-city.va.us

\$5.00 Initial Registration Fee

\$1.00 Annual Renewal

Date: _____

Below is the information required by Section 4-33 of Ordinance #81:

A. Name of Contractor or Corporate Identification:

B. Current Business Address and Contact Information:

Phone No.: _____ Fax No.: _____

Cell No.: _____ E-Mail: _____

C. Virginia State Contractors License (include Class Type):

D. Current Business License has been issued in:

County/City _____ License No. _____

E. Type of contract services to be performed:

F. Names of persons authorized to apply for and obtain permits for the contractor:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Master employed by the corporation or building contractor holding a current Certificate of Qualification

Electrician: _____

Plumber: _____

Mechanical: _____